

# Enrolment Form



**DEAKIN PRIME**  
corporate education

Please complete all sections in clear **BLOCK LETTERS**

Have you previously studied or trained with DeakinPrime or Deakin University?  No  Yes  
If YES, please indicate your Student ID number above.

Student ID number

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## A Personal details

Title	Family name	Given names
Preferred name		
Date of birth	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

## B Contact details

**Postal address** (correspondence and study materials will be sent to this address).  
Please note when selecting a postal address that study materials may require a signature upon delivery.  
Please indicate the type of address:  Work  Home  Other

Company name (if applicable)		
Level, number and street		
Suburb/Town	State/Country	Postcode

### Phone and fax numbers

Home phone	Work phone	Work fax
Mobile phone	Email	

Important information will be communicated via email. Where possible please provide your email address.

### Residence

What is the address and postcode of the suburb, locality or town in which you usually live?

Suburb, locality or town	Postcode
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## C Qualification code and title

Code and title

### OFFICE USE ONLY

#### DP-EXTRAS

Company	
Division	
Region	

Signed Training Plan received with Enrolment Plan

**Processed** – to be completed by BSG

Name and date

**CORRES CAT**

DP-VET

**SPONSOR CD**

DP

**FUNDING SOURCE**

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## D Additional information

Please fill in every section on this enrolment form.

### Previous qualifications achieved

Have you SUCCESSFULLY completed any of the qualifications listed below?

No  Yes (tick appropriate boxes below)

Please specify all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree                    | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree                | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/> Diploma (or Associate Diploma)                      | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above      |

### Citizenship

I declare that I am:

- |  |  |
|--|--|
| <input type="checkbox"/> An Australian citizen; or             | <input type="checkbox"/> An East Timorese asylum seeker; or          |
| <input type="checkbox"/> Holder of a permanent visa; or        | <input type="checkbox"/> A holder of a Temporary Protection Visa; or |
| <input type="checkbox"/> Holder of a Special Visa Category; or | <input type="checkbox"/> Other _____                                 |

### Reason for study

Which category BEST describes your main reason for undertaking this course/traineeship/apprenticeship? Tick ONE box only.

- |   |  |
|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> I wanted extra skills for my job          |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> To get into another course of study       |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> For personal interest or self development |
| <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> For self development                      |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons _____                       |
| <input type="checkbox"/> It was a requirement of my job   |  |

### Disability

Do you consider yourself to have a disability, physical impairment or long-term condition?

No  Yes

If YES, then please indicate the areas of disability, physical impairment or long-term condition. (You may indicate more than one area.)

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing/Deafness | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical         | <input type="checkbox"/> Vision                    |
| <input type="checkbox"/> Intellectual     | <input type="checkbox"/> Medical condition         |
| <input type="checkbox"/> Learning         | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Mental illness   |  |

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## Language and cultural diversity

Do you speak a language other than English at home?  
If you speak more than one language, indicate the one that is spoken most often.

 No, English only

 Yes

How well do you speak English?

 Very well

 Well

 Not well

 Not at all

In which country were you born?

 Australia

 Other

Are you of Aboriginal or Torres Strait Islander origin?

 No

 Yes, Aboriginal

 Yes, Torres Strait Islander

## Employment

Of the following categories, which BEST describes your current employment status? Tick ONE box only.

 Full-time employee

 Employed – unpaid worker in a family business

 Part-time employee

 Unemployed – seeking full-time work

 Self-employed – not employing others

 Unemployed – seeking part-time work

 Employer

 Not employed – not seeking employment

## Schooling

Are you still attending secondary school?

 No

 Yes (tick ONE box only)

What is your highest COMPLETED school level?

 Completed Year 12

 Completed Year 9 or equivalent

 Completed Year 11

 Completed Year 8 or lower

 Completed Year 10

 Did not go to school

In which YEAR did you complete that school level?

Please enter a number in the appropriate box for each of the following questions:

I have commenced or I am schedule to commence  other government subsidised course(s) in the year I am starting in this course.

I am currently undertaking  government subsidised course(s).

**E**

## Submission details

Please submit your enrolment form and training plan to:

**FORMS MUST be SUBMITTED by:**

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## F Authorisation and sign-off

\* This form cannot be processed if the declarations below are not signed and dated.

### Privacy statement

I understand that:

DeakinPrime is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at [www.skills.vic.gov.au/corporate/statistics/submit\\_data](http://www.skills.vic.gov.au/corporate/statistics/submit_data)). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact Deakin University's Privacy Officer on [privacy@deakin.edu.au](mailto:privacy@deakin.edu.au).

I acknowledge and agree to the terms described in this privacy statement:

Please tick

### Participant declaration

\* The rules, regulations and procedures of Deakin University can be accessed on the web at [www.deakin.edu.au](http://www.deakin.edu.au)

I declare that to the best of my knowledge the information supplied in this application is correct and complete. I acknowledge that the provision of incorrect information relating to my enrolment may result in withdrawal from the course and that such withdrawal may take effect at any stage of the course, at the discretion of DeakinPrime or Deakin University. I agree to abide by the Statutes, Rules and Regulations of the University. I also agree that DeakinPrime or Deakin University may release information on my course enrolment, progress and results to my employer, or to such parties as directed by my employer, who is sponsoring this program. If I am eligible for government funding, I authorise DeakinPrime to access this on behalf of my employer.

I intend to complete the entire qualification.

Please tick



Participant signature

Date

### Employer declaration

I confirm that all fees relating to this participant's enrolment at Deakin University will be invoiced to this company, as the employer.

Company name

Name of authorising person

Title of authorising person

Signature of authorising person

Date

### Participant checklist

I have accessed, understood and read the participant handbook.

I am aware that DeakinPrime provides the opportunity to apply for recognition of prior learning and/or mutual recognition (credit transfer).

I understand that DeakinPrime will provide assistance with any difficulties I have pertaining to language, literacy and numeracy.

I have provided a response to every section within this form.

Please tick